

MEMORANDUM

COSHAC

Agenda Item No. **2 (J)**


TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: **March 15, 2006**

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services
from Miami-Dade Police and
Miami-Dade Fire Rescue
Depts. for the 27th Annual 5K
Walk/Run for Sickle Cell
Disease

The accompanying resolution was prepared and placed on the agenda at the request of
Commissioner Barbara J. Jordan.


Murray A. Greenberg
County Attorney

MAG/bw



MEMORANDUM

(Revised)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: April 25, 2006

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Agenda Item No.

Please note any items checked.

- ☐ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☒ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Bid waiver requiring County Manager's written recommendation
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ Housekeeping item (no policy decision required)
- ☐ No committee review

Approved _____ Mayor

Veto _____

Override _____

Agenda Item No.

4-25-06

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE POLICE DEPARTMENT AND THE MIAMI-DADE FIRE RESCUE DEPARTMENT FOR THE FEBRUARY 25, 2006 27TH ANNUAL 5K WALK/RUN FOR SICKLE CELL DISEASE, SPONSORED BY THE MIAMI-DADE COUNTY CHAPTER OF THE SICKLE CELL DISEASE ASSOCIATION OF AMERICA, A NOT-FOR-PROFIT ENTITY, IN AN AMOUNT NOT TO EXCEED \$2,934.76 TO BE FUNDED IN PART FROM THE COUNTYWIDE IN-KIND RESERVE FUND AND IN PART FROM THE FIRE RESCUE DISTRICT BUDGET

WHEREAS, the Miami-Dade County Chapter of the Sickle Cell Disease Association of America has requested in-kind services from the Miami-Dade Police Department and the Miami-Dade Fire Rescue Department for the February 25, 2006 27th Annual 5K Walk/Run for Sickle Cell Disease in an amount not to exceed \$2,934.76 (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, the Miami-Dade County Chapter of the Sickle Cell Disease Association of America is a not-for-profit entity; and

WHEREAS, the 27th Annual 5K Walk/Run for Sickle Cell Disease is a countywide event, and \$1614.76 of the in-kind services shall be funded in part from the Countywide In-kind Reserve Fund and \$1,320.00 of the in-kind services shall be funded from the non-ad valorem portion of the Fire Rescue District Budget,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Miami-Dade Police Department and the Miami-Dade Fire Rescue Department for the Miami-Dade County Chapter of the Sickle Cell Disease Association

of America's February 25, 2006 27th Annual 5K Walk/Run for Sickle Cell Disease in an amount not to exceed \$2,934.76 to be funded in part from the Countywide In-kind Reserve Fund and in part from the non-ad valorem portion of the Fire Rescue District Budget.

The foregoing resolution was sponsored by Commissioner Barbara J. Jordan and offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Joe A. Martinez, Chairman
Dennis C. Moss, Vice-Chairman

Bruno A. Barreiro
Audrey M. Edmonson
Sally A. Heyman
Dorrian D. Rolle
Katy Sorenson
Sen. Javier D. Souto

Jose "Pepe" Diaz
Carlos A. Gimenez
Barbara J. Jordan
Natacha Seijas
Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this 25th day of April, 2006. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.



Diamela del Castillo

**MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION**

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2836
Fax: (305) 375-3968

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☒ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

1. Full legal name of the requesting organization: Sickle Cell Disease Association of America, Miami-Dade County Chapter, Inc.
2. Applicant Status: (Select one of the choices below)
 - ☒ Not-For-Profit or Tax Exempt ☐ Local Government or Public Entity
 - ☐ For-Profit
 - ☐ County Sponsored Event/Sponsoring Department _____
 - ☐ Other (specify): _____
3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Astrid K. Mack, Executive Director; 794 NW 18th Street, Miami, FL 33136. Telephone: (O) 305-243-5998; cell: 305-804-9865 (no reception, M – F, 8:30 am – 5:30 pm); fax: 305-243-2938; e-mail address: amack@med.miami.edu
4. Specify fee waiver or in-kind service requested (quantify, if applicable): Request is made set-up roadblocks control traffic along the 5K Walk/Run route around Dolphins Stadium, (specifically at Gate 4 at NW 199th Street, MW 26th Avenue at 199th Street and at 203rd Street) and first aid and related services for ~300 – 500 runners/walkers.
5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): The 27th Annual 5K (3.1 mi.) Walk/Run for Sickle Cell Disease is the major fund-raiser designed to provide assistance and support of individuals and families with Sickle Cell Disease, support research for cure, and provide education and awareness the entire Miami-Dade County community.
6. Please select ALL that apply to event:
 - ☐ Economic Development: Event supports vitality or growth of the local economy
 - ☐ Youth/Education: Event benefits youth of any age and/or offers educational benefits
 - ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
 - ☒ Arts and Culture: Event supports music, theatre, literature, art or culture
 - ☐ Environmental: Event benefits environmental concerns or promotes conservation
 - ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation
7. Physical address of event venues (please specify Commission District(s)): The Dolphins Stadium, 199 NW 199th Street, Miami Gardens, FL 33056

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**MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION**

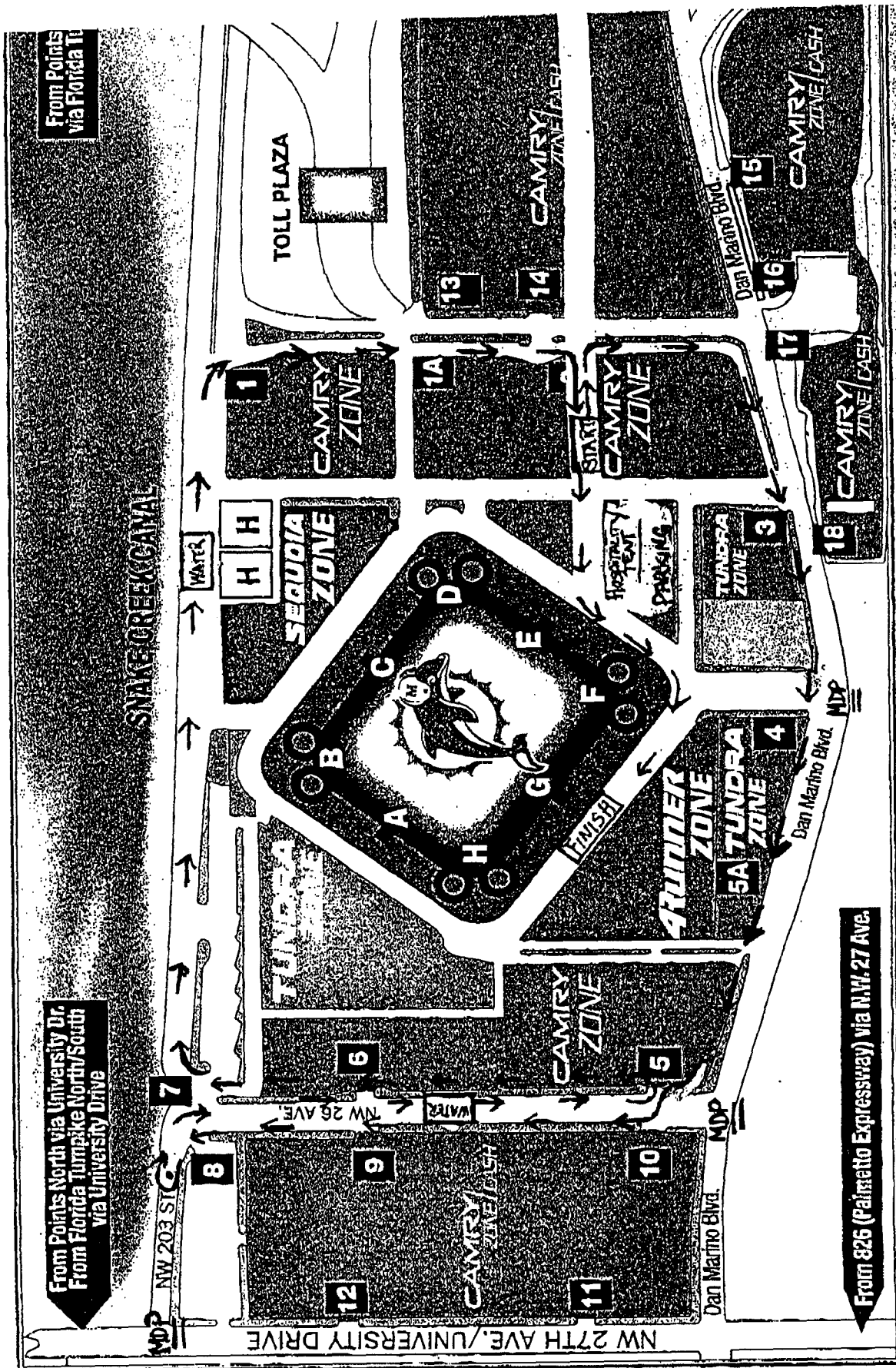
8. Description of regional or local impact: It is expected that this fund raising and community-building event will impact the entire South Florida community, especially all of Miami-Dade County and South Broward County.
-
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Event Schedule - See Attachment A
-
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): See Attachments B and C
-
11. Expected number of participants and estimated attendance (per day, if applicable): It is expected that ~300 persons will participate in the Walk/Run, with ~200 additional persons for the Health Fair and Battle of the Drum Lines.
-
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): The Dolphins Stadium is the Title Sponsor for this event. Additional sponsors and benefactors have been identified and are being sought to provide other amenities.
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I hereby certify that all the statements made in this application are true and correct.

Signature of Authorized Representative

Date

ATTACHMENT B



Attachment A

Event Schedule

27th Annual 5K Walk/Run for Sickle Cell Disease
Saturday, February 25, 2006
Dolphins Stadium
2269 NW 199th Street
Miami Gardens, FL

6:30 am	Set-up
7:00 am	Registration
7:45 am	Pre-Walk Show
8:00 am	Race begins
8:30 am	Set-up for Health Fair
9:00 am	Health Fair
10:00 am	"Battle of the Drum Lines" begins
2:00 pm	Breakdown all venues/depart

Memorandum



Date:

To: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

From: George M. Burgess
County Manager

A handwritten signature in black ink, appearing to read "Burgess", written over the printed name of George M. Burgess.

Subject: District Specific In-Kind Reserve Request Recommendation

The Office of Strategic Business Management (OSBM) has reviewed the attached in-kind request and recommends for the item to move forward to the Board of County Commissioners for consideration. The district specific in-kind reserve balance allows for the funding of this request.

Background

A retroactive waiver for in-kind services is being requested by a not-for-profit organization Sickle Cell Disease Association of America, Miami-Dade County Chapter for their 27th Annual 5K Walk/Run at Dolphins Stadium, which was held on February 25, 2006.

In-kind services have been requested in an amount not to exceed \$1,614.76 from the Miami-Dade Police Department (MDPD) for police services to include traffic control and \$1,320 from the Miami-Dade Fire Rescue Department (MDFR) for EMS support. The in-kind services provided by the MDFR do not affect the in-kind reserve. The police services for this event, in the amount of \$1,614.76 will be funded from the District 1 district specific in-kind reserve.

In FY 2005-06, the Sickle Cell Disease Association of America Miami-Dade County Chapter has not received any County funding.

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